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Total Number of Pages in This Submission

TRANSMITTAL FORM (to be used for all correspondence after initial filing) Application No. 09/885,448 Filing Date June 19, 2001 First Named Inventor Kenneth J. Hines Art Unit 2124 Examiner Name Roche, Trenton J

Attorney Docket Number

42390P18903

ENCLOSURES (check all that apply)				
Fee Transmittal Form	Drawing(s)	After Allowance Communication to Group		
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Response	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final Affidavits/declaration(s)	Petition to Convert a Provisional Application	Proprietary Information		
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Status Letter Other Enclosure(s) (please identify below):		
Express Abandonment Reques	Terminal Disclaimer			
Information Disclosure Stateme	nt Request for Refund	- Check for \$120.00 - Return Receipt Postcard		
PTO/SB/08 Certified Copy of Priority Document(s)	CD, Number of CD(s)			
Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks			
SIGN	ATURE OF APPLICANT, ATTORNEY, OR AG	ENT		
Firm or Individual name Paul A. Mendonsa, Reg. No. 42,879 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature				
Date January 10, 2005				
CERTIFICATE OF MAILING/TRANSMISSION				
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				
Typed or printed name Deborah L. Higham				
Signature 20	H.O. D	Date January 10, 2005		



FEE TRANSMITTAL

Patent fees are subject to annual revision.

	Applicant	claims	small	entity	status.	See 37	CFR	1.27
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TOTAL AMOUNT OF PAYMENT (\$) 120.00

Complete if Known			
Application Number	09/885,448		
Filing Date	June 19, 2001		
First Named Inventor	Kenneth J. Hines		
Examiner Name	Roche, Trenton J		
Art Unit	2124		
Attorney Docket No.	42390P18903		

METHOD OF PAYMENT (check all that apply)				
★ Check				
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.				
FEE CALCULATION				
1. EXTRA CLAIM FEES Extra Claims Fee from below Fee Paid				
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)				
1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple Dependent claim in to paid 1204 300 2003 180 **The state of the state				
1205 300 2205 150 **Reissue claims in excess of 20 and over original patent	issues, see below			
(\$) 0.00				
2. ADDITIONAL FEES	!			
Large Entity Small Entity				
Fee Fee Fee Fee Code (\$) Fee Description Fee Paid				
1051 130 2051 65 Surcharge - late filing fee or oath				
1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.				
2053 130 2053 130 Non-English specification				
1252 450 2252 225 Extension for reply within second month				
1253 1,020 2253 510 Extension for reply within third month				
1254 1.590 2254 795 Extension for reply within fourth month				
1255 2,160 2255 1,080 Extension for reply within fifth month 1401 500 2401 250 Notice of Appeal				
1401 500 2401 250 Notice of Appear				
1403 1,000 2403 500 Request for oral hearing				
1451 1,510 2451 1,510 Petition to institute a public use proceeding				
1460 130 2460 130 Petitions to the Commissioner				
1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
1806 180 1806 180 Submission of Information Disclosure Stmt 1809 790 1809 395 Filing a submission after final rejection (37 CFR § 1.129(a))				
1810 790 2810 395 For each additional invention to be examined (37 CFR § 1.129(b))				
Other fee (specify)				
SUBTOTAL (2) (\$) 120.00				

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Paul A. Mendonsa	Registration No. (Attorney/Agent)	42,879	Telephone	(503) 439-8778
Signature	ignature Mandones		Date	01/10/05	